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Bib Data Sheet

CONFIRMATION NO. 4652

<b>SERIAL NUMBER</b> 10/537,773	<b>FILING OR 371(c) DATE</b> 06/06/2005 <b>RULE</b>	<b>CLASS</b> 450	<b>GROUP ART UNIT</b> 3765	<b>ATTORNEY DOCKET NO.</b> Q-88188	
<b>APPLICANTS</b> Arsenia Estrella Garrido, Reus, SPAIN; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP03/14249 12/15/2003 <i>olgh</i> <b>** FOREIGN APPLICATIONS *****</b> SPAIN U 200203033 12/18/2002 <i>zh</i> <div style="text-align: center;"><b>** SMALL ENTITY **</b></div>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>zh</i> Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> SPAIN	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 3	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 23373					
<b>TITLE</b> Protection disks for breastfeeding mothers					
<b>FILING FEE RECEIVED</b> 550	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		